



**COMPTROLLER OF PUBLIC ACCOUNTS (CPA)  
APPLICATION FOR STATE CERTIFICATION  
CERTIFIED TEXAS CONTRACT MANAGER (CTCM)**

**EMPLOYMENT INFORMATION** *(name listed here will appear on your CTCM certificate)*

Name: \_\_\_\_\_  
(First) (Middle) (Last)  
Agency Telephone #: \_\_\_\_\_  
Agency E-mail Address: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_  
Agency Mailing Address: \_\_\_\_\_  
Agency City/State/Zip Code: \_\_\_\_\_

**COURSE REQUIREMENTS:** Provide date (mm/dd/yy) when you completed required courses:

Tx Gov't Contract Management \_\_\_\_/\_\_\_\_/\_\_\_\_ TX Gov't Project Management \_\_\_\_/\_\_\_\_/\_\_\_\_  
Negotiation Skill & Strategies \_\_\_\_/\_\_\_\_/\_\_\_\_  
CPA Texas Contract Management Certification Training \_\_\_\_/\_\_\_\_/\_\_\_\_

**NATIONAL CERTIFICATION** (If you qualified to be exempt from a specific CPA course, you must attach a copy of your certificate)

I have a current certification from: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Expires: \_\_\_\_\_ Certificate Title: \_\_\_\_\_

**CONTRACT MANAGER TRAINING VERIFICATION**

Verified by (*please check one*): Agency Human Resources \_\_\_\_\_ Division Director \_\_\_\_\_ Division Manager \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifier Printed Name Date  
\_\_\_\_\_  
Email Address Phone #

**ATTEST**

***I attest*** that all information, dates and attachments are true and correct. I further acknowledge that all required training provided by CPA has been completed and that I have passed CPA's certification exam. My signature acknowledges that I will follow applicable Texas state statutes, rules and state ethics policies. I acknowledge that the issued certificate has an expiration date and will require completion of 80 continuing education hours to renew my certification. For more renewal information visit CPA's Training & Certification website at: <http://www.window.state.tx.us/procurement/prog/training-cert/cmt/certification/renewing-your-certification/>

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit form to: [ctp@cpa.texas.gov](mailto:ctp@cpa.texas.gov) OR Fax# 512-475-0711**

For certification questions e-mail: [CTP@CPA.STATE.TX.US](mailto:CTP@CPA.STATE.TX.US) or call (512) 463-5355